

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSIO)

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Markle	Joanna	J.H.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		retained to lobby)	TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip	Code)
Honolulu	н	968	813

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TECEPHONE
FedState Strategic Consulting, Inc. on behalf of Wyndham Worldwide	7424311
MAILING ADDRESS (Street)	FA902
101 CONSTITUTION AVENW 700	7424271
(City) (State) (Zip	Code)
WASHINGTON DC 2000/	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE?
CARRIE A. HARTGEN	74243/1
MAILING ADDRESS (Street)	FAXIM
101 CONSTITUTION AVE NW 366	742427
(City) (State) (Zip	Code)
WASHINGTON DC 2000/	

PA	RT III DESCRIPTIO	N OF SUBJECTS UPON WHI	CH YOU EXPECT TO LOBB	Y
$\Box$	Agriculture	(_) Education	☐ Human Services	<ul> <li>Science, Technology &amp; Economic Development</li> </ul>
	Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Ø	Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	☐ Transportation
	Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Ø Other: (indicate below)       Taxation
	Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	
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PA	RT IV CERTIFICAT	ON OF LOBBYIST	is to the best of my knowled	day correct and complete
	I hereby certify that t	he information furnished abov	e is, to the best of my knowled	ige, correct and complete.
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		(Signature of Lobbyist)		(Date)
				(Date)
		(Signature of Lobbyist) TION TO LOBBY	TITLE OF AUTHORIZING OFFICE	
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